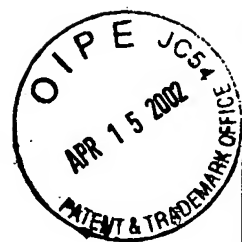


#4

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PTO/SB/01 (10-00)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))

Attorney Docket Number	S0002-US02
First Named Inventor	LUEHMANN, et al.
COMPLETE IF KNOWN	
Application Number	/ To be assigned
Filing Date	Herewith
Group Art Unit	To be assigned
Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Purified Water Supply System For High Demand Devices and Applications

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 01/07/2002 as United States Application Number or PCT International

Application Number To be assigned and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above:

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application	Foreign Filing Date	Priority	Certified Copy Attached?	
			YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/260,036	01/05/2001	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

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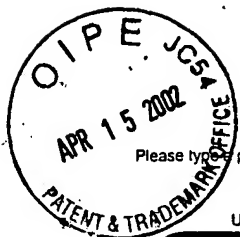
Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	24994	OR <input type="checkbox"/>	Correspondence address below
Name Gambro, Inc.					
Address 10810 W. Collins Ave.					
Address					
City Lakewood			State CO	ZIP 80215-4439	
Country USA		Telephone 303-205-2560		Fax 303-231-4198	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Douglas A.			Family Name or Surname LUEHMANN		
Inventor's Signature <i>Douglas A. Luehmann</i>				Date <i>Feb 16, 2002</i>	
Residence: City Battle Lake		State MN	Country U.S.A.		Citizenship U.S.A.
Mailing Address Route 2, Box 324-L "Formerly residing at"					
Mailing Address 36937 Blarney Beach Road "Now residing at"					
City Battle Lake		State Minnesota		ZIP 56515	Country U.S.A.
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Johnny W.			Family Name or Surname HANNAH		
Inventor's Signature				Date	
Residence: City Timberville		State VA	Country U.S.A.		Citizenship U.S.A.
Mailing Address Route 2, Box 148					
Mailing Address					
City Timberville		State Virginia		ZIP 22853	Country U.S.A.
<input checked="" type="checkbox"/> Additional inventors are being named on <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



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Address 10810 W. Collins Ave.					
Address					
City Lakewood			State CO	ZIP 80215-4439	
Country USA		Telephone 303-205-2560		Fax 303-231-4198	
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NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Douglas A.			Family Name or Surname LUEHMANN		
Inventor's Signature					Date
Residence: City Battle Lake		State MN	Country U.S.A.		Citizenship U.S.A.
Mailing Address Route 2, Box 324-L					
Mailing Address					
City Battle Lake		State Minnesota		ZIP 56515	Country U.S.A.
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Johnny W.			Family Name or Surname HANNAH		
Inventor's Signature					Date
Residence: City Timberville		State VA	Country U.S.A.		Citizenship U.S.A.
Mailing Address Route 2, Box 148					
Mailing Address					
City Timberville		State Virginia		ZIP 22853	Country U.S.A.
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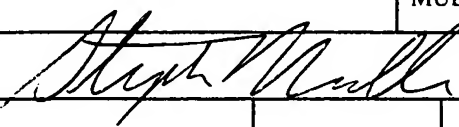
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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

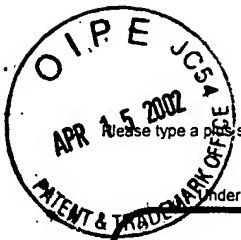
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Stephen M..		MULLINS	
Inventor's Signature			Date <u>1/25/02</u>
Residence: City	Lakewood	State CO	Country U.S.A.
Mailing Address		730 S. Taft Street	
Mailing Address			
City	Lakewood	State Colorado	ZIP 80228
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
John D.		BIELEFELD	
Inventor's Signature			Date
Residence: City	Prairie Village	State KS	Country U.S.A.
Mailing Address		4820 W. 75th Street	
Mailing Address			
City	Prairie Village	State Kansas	ZIP 66208
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	Country
Mailing Address		Citizenship	
Mailing Address			
City		State	Country

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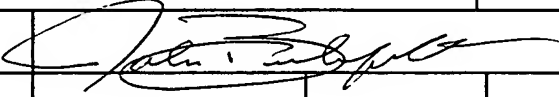


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ADDITIONAL INVENTOR(S)
Suppl mental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Stephen M..		MULLINS		
Inventor's Signature				Date
Residence: City	Lakewood	State	CO	Citizenship U.S.A.
Mailing Address		730 S. Taft Street		
Mailing Address				
City	Lakewood	State	Colorado	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
John D.		BIELEFELD		
Inventor's Signature				Date 1-29-02
Residence: City	Prairie Village	State	KS	Citizenship U.S.A.
Mailing Address		4820 W. 75th Street		
Mailing Address		15901 E. 20th St. Independence MO 64050 (816) 461-3770		
City	Prairie Village	State	Kansas	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City		State		Citizenship
Mailing Address				
Mailing Address				
City		State		Country

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